

<i>SERFF Tracking Number:</i>	<i>JEPT-125940660</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41110</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>Group Voluntary Accidental Death &amp; Dismemberment</i>		
<i>Project Name/Number:</i>	<i>2008 VADD/</i>		

## Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Voluntary Accidental Death & Dismemberment      SERFF Tr Num: JEPT-125940660      State: ArkansasLH

TOI: H03G Group Health - Accidental Death & Dismemberment

SERFF Status: Closed      State Tr Num: 41110

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Co Tr Num:      State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Matt Rotundo, Debbie

Disposition Date: 12/16/2008

Turek, Bonnie White, Ben Davis

Date Submitted: 12/15/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2008 VADD

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/16/2008

State Status Changed: 12/16/2008

Corresponding Filing Tracking Number:

Filing Description:

Group Accidental Death and Dismemberment Forms

Forms: GL1101-14.3 RP et al. (please see the Form Schedule tab)

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/23/2008

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

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<i>Project Name/Number:</i>	<i>2008 VADD/</i>		

Included for filing with your Department are copies of the captioned forms. All listed forms were previously accepted for general use in our domicile state of Indiana on October 23, 2008.

We request these forms be included for general use with our previously approved Policy Series GL1101 and Certificate Series GL1102 forms. However, the captioned forms are new and will not replace any forms previously filed with your Department.

Licensed agents and brokers market the product under Group Policy series GL1101 and Group Certificate series GL1102. We intend the forms to be placed in general use with employer groups.

Your review and approval for filing will be greatly appreciated.

Sincerely,

Benjamin A. Davis

## Company and Contact

### Filing Contact Information

Ben Davis, Compliance Specialist  
8807 Indian Hills Drive  
Omaha, NE 68114

Benjamin.Davis@lfg.com  
(402) 361-7495 [Phone]  
(402) 361-2568[FAX]

### Filing Company Information

The Lincoln National Life Insurance Company  
350 Church Street  
Hartford, CT 06103  
(800) 423-2765 ext. [Phone]

CoCode: 65676  
Group Code: 20  
Group Name:  
FEIN Number: 35-0472300  
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State of Domicile: Indiana  
Company Type: Group  
State ID Number:

## Filing Fees

SERFF Tracking Number: JEPT-125940660 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 41110  
Company Tracking Number:  
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: Group Voluntary Accidental Death & Dismemberment  
Project Name/Number: 2008 VADD/

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 per submission.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	12/15/2008	24532927

SERFF Tracking Number: JEPT-125940660 State: Arkansas  
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Company Tracking Number:  
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: Group Voluntary Accidental Death & Dismemberment  
Project Name/Number: 2008 VADD/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/16/2008	12/16/2008

<i>SERFF Tracking Number:</i>	<i>JEPT-125940660</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>Group Voluntary Accidental Death &amp; Dismemberment</i>		
<i>Project Name/Number:</i>	<i>2008 VADD/</i>		

## Disposition

Disposition Date: 12/16/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JEPT-125940660 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 41110

Company Tracking Number:

TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Group Voluntary Accidental Death & Dismemberment

Project Name/Number: 2008 VADD/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Repatriation Benefit	Approved-Closed	Yes
Form	Exposure Benefit	Approved-Closed	Yes
Form	Disappearance Benefit	Approved-Closed	Yes
Form	Helmet Benefit	Approved-Closed	Yes
Form	Common Carrier Accident Benefit	Approved-Closed	Yes
Form	Rehabilitation Reimbursement Benefit	Approved-Closed	Yes
Form	Surgical Reattachment Benefit	Approved-Closed	Yes
Form	Third-Degree Burn Benefit	Approved-Closed	Yes
Form	Repatriation Benefit	Approved-Closed	Yes
Form	Exposure Benefit	Approved-Closed	Yes
Form	Disappearance Benefit	Approved-Closed	Yes
Form	Helmet Benefit	Approved-Closed	Yes
Form	Common Carrier Accident Benefit	Approved-Closed	Yes
Form	Rehabilitation Reimbursement Benefit	Approved-Closed	Yes
Form	Surgical Reattachment Benefit	Approved-Closed	Yes
Form	Third-Degree Burn Benefit	Approved-Closed	Yes

SERFF Tracking Number: JEPT-125940660 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 41110

Company Tracking Number:

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Group Voluntary Accidental Death & Dismemberment

Project Name/Number: 2008 VADD/

## Form Schedule

**Lead Form Number:** GL1101-14.3A RP

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GL1101-14.3A RP	Policy/Cont Repatriation Benefit ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56	14_3ARP Repatriation Benefit.pdf
Approved-Closed	GL1101-14.3 EXP 08	Policy/Cont Exposure Benefit ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55	14_3EXP08.p df
Approved-Closed	GL1101-14.3 DIS 08	Policy/Cont Disappearance ract/Fratern Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55	14_3DIS08.p df
Approved-Closed	GL1101-14.15 HLMT 08	Policy/Cont Helmet Benefit ract/Fratern al Certificate:	Initial		49	14_15HLMT0 8.pdf

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TOI:		H03G Group Health - Accidental Death & Dismemberment		Sub-TOI:		H03G.000 Health - Accidental Death & Dismemberment	
Product Name:		Group Voluntary Accidental Death & Dismemberment					
Project Name/Number:		2008 VADD/ Amendmen t, Insert Page, Endorseme nt or Rider					
Approved- Closed	GL1101- 14.22 08	Policy/Cont Common Carrier ract/Fratern Accident Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	57	14_2208.pdf		
Approved- Closed	GL1101- 14.24 08	Policy/Cont Rehabilitation ract/Fratern Reimbursement al Benefit Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	14_2408.pdf		
Approved- Closed	GL1101- 14.26 SGR 08	Policy/Cont Surgical ract/Fratern Reattachment al Benefit Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	58	14_26SGR08. pdf		
Approved- Closed	GL1101- 14.28 TDB 08	Policy/Cont Third-Degree Burn ract/Fratern Benefit al Certificate: Amendmen	Initial	58	14_28TDB08. pdf		



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TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	Group Voluntary Accidental Death & Dismemberment		
Project Name/Number:	2008 VADD/ t, Insert Page, Endorsement or Rider		
Approved-Closed	GL1102-6.3A RP	Certificate Amendmen t, Insert Page, Endorsement or Rider	Repatiation Benefit Initial  51  6_3ARP Repatiation Benefit.pdf
Approved-Closed	GL1102-6.3EXP 08	Certificate Amendmen t, Insert Page, Endorsement or Rider	Exposure Benefit Initial  51  6_3 EXP08.pdf
Approved-Closed	GL1102-6.3DIS 08	Certificate Amendmen t, Insert Page, Endorsement or Rider	Disappearance Benefit Initial  74  6_3 DIS08.pdf
Approved-Closed	GL1102-6.15 HLMT 08	Certificate Amendmen t, Insert Page, Endorsement or Rider	Helmet Benefit Initial  49  6_15 HLMT08.pdf
Approved-Closed	GL1102-6.22 08	Certificate Amendmen t, Insert Page, Endorsement or Rider	Common Carrier Accident Benefit Initial  55  6_22 08.pdf
Approved-Closed	GL1102-6.24 08	Certificate Amendmen t, Insert	Rehabilitation Reimbursement Benefit Initial  52  6_24 08.pdf

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<i>Project Name/Number:</i>	<i>2008 VADD/</i>		
	<i>Page,</i>		
	<i>Endorseme</i>		
	<i>nt or Rider</i>		
Approved- Closed	GL1102- 6.26 SGR 08	Certificate Surgical Amendmen Reattachment t, Insert Benefit Page, Endorseme nt or Rider	Initial          52          6_26 SGR08.pdf
Approved- Closed	GL1102- 6.28 TDB 08	Certificate Third-Degree Burn Amendmen Benefit t, Insert Page, Endorseme nt or Rider	Initial          58          6_28 TDB08.pdf



## **REPATRIATION BENEFIT**

**BENEFIT.** The Company will pay a Repatriation Benefit, if:

- (1) the Insured Person is insured for Accidental Death and Dismemberment Insurance under this Policy on the date of the Accident;
- (2) the Insured Person dies as a result of a covered Accident at least 150 miles from his or her principal place of residence; and
- (3) expense is incurred for the preparation and transportation of the Insured Person's body to a mortuary within 30 miles of the Insured Person's place of residence.

This benefit will be in addition to all other benefits payable under this Policy. This benefit will equal the expenses incurred for the preparation and transportation of the Insured Person's body to a mortuary subject to a maximum of \$5,000. This benefit will be paid:

- (1) when the benefit for Accidental loss of life is paid; or
- (2) when the Company receives proof of expense incurred, if later.

**PROOF.** In order for this benefit to be payable, proof of payment for any expenses incurred for Repatriation must be provided to the Company.

**TO WHOM PAYABLE.** Benefits for Repatriation will be paid in accord with the Beneficiary section.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of this Policy.

## **EXPOSURE BENEFIT**

**BENEFIT.** The Company will pay an Exposure Benefit, if, while insured for Accidental Death and Dismemberment Insurance under this Policy, the Insured Person [or a covered Dependent]:

- (1) is unavoidably exposed to the elements; and
- (2) as a result of such exposure suffers a loss for which benefits are otherwise payable.

The Benefit amount payable will be as defined in the Death or Dismemberment Benefit section of this Policy.

**TO WHOM PAYABLE.** Benefits for the Insured Person's loss of life will be paid in accord with the Beneficiary section. [Under a Family Plan, benefits for a Dependent's loss of life will be payable to the Insured Person.] Any other benefits will be paid to the Insured Person.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of this Policy.

## DISAPPEARANCE BENEFIT

**BENEFIT.** The Company will pay a Disappearance Benefit if, while insured for Accidental Death and Dismemberment Insurance under this Policy, the Insured Person's [or a covered Dependent's] body has not been found within one year of a forced landing, stranding, sinking or wrecking of a conveyance in which an Insured Person [or a covered Dependent] was an occupant. It shall be deemed, subject to all other terms and provisions of this Policy, that such Insured Person [or a covered Dependent] has suffered a loss of life.

The Benefit amount payable will be as defined in the Death or Dismemberment Benefit section of this Policy.

**TO WHOM PAYABLE.** Benefits for the Insured Person's loss of life will be paid in accord with the Beneficiary section. [Under a Family Plan, benefits for a Dependent's loss of life will be payable to the Insured Person.]

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of this Policy.

## HELMET BENEFIT

**BENEFIT.** If an Insured Person [or a covered Dependent] dies as a direct result of an accident, for which a benefit is paid for the accidental loss of life while wearing a Helmet, then an additional benefit will be payable, provided the Insured Person [or a covered Dependent]:

- (1) was operating, or was a passenger on a Motorcycle (on or off road); or
- (2) was operating a Moped, Scooter, or Non-motorized Bicycle (on or off road).

The Helmet Benefit equals \$25,000 or 50% of the Principal Sum, whichever is less. [The Principal Sum is the amount payable because of the Insured Person's accidental death.]

A copy of the police report must be submitted with the claim. The use of a Helmet must be certified by:

- (1) the official accident report; or
- (2) the coroner, traffic officer or other investigating officer.

**TO WHOM PAYABLE.** Benefits for the Insured Person's loss of life will be paid in accord with the Beneficiary section. [If the Insured Person is insured under the Family Plan, the Helmet Benefit for a covered Dependent will be paid to the Insured Person.]

**DEFINITIONS.** "**Helmet**" means a protective head covering made of a hard material to resist impact and which meets or exceeds the standards established in the United States Department of Transportation's Federal Motor Vehicle Safety Standard (FMVSS), or any similar standard required by the state where the accident occurred.

"**Motorcycle**" means a motor-driven vehicle with no more than three wheels and a seat or saddle for the driver. This also includes sidecars. An operator of a Motorcycle must have appropriate licensing to operate the vehicle. It does not include all-terrain vehicles.

"**Moped**" means a motor-driven vehicle with two wheels, and an engine size of not more than 50 cubic centimeters.

"**Non-motorized Bicycle**" means a single-track, human-powered vehicle with no more than three wheels which adheres to the International Organization for Standardization (ISO) 4210 safety requirements.

"**Scooter**" means a motorized vehicle that has a step-through frame, and a platform or integrated footrests.

**EXCLUSIONS.** Benefits will not be payable:

- (1) for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of this Policy;
- (2) for any loss sustained while competing in any exhibition; or
- (3) if at the time of the accident, the Insured Person was operating a Motorcycle, Moped or Scooter without a valid license and the appropriate endorsement as required by state statute.

## COMMON CARRIER ACCIDENT BENEFIT

**BENEFIT.** The Company will increase an Insured Person's [or covered Dependent's] Death or Dismemberment Benefit to [two times the amount otherwise payable, not to exceed \$1,000,000]; provided the Insured Person [or covered Dependent] suffers a covered loss from a Common Carrier Accident while insured for Accidental Death and Dismemberment Insurance under this Policy.

**MAXIMUM PER PERSON.** If an Insured Person [or covered Dependent] sustains more than one loss resulting from the same accident, then the benefit [:]

- [ (1) ] will not exceed two times the Insured Person's [or covered Dependent's] Principal Sum for all of his or her covered losses combined [; and]
- [ (2) ] will not exceed an overall maximum of \$1,000,000].

The loss must result directly from the Common Carrier Accident and from no other causes.

**TO WHOM PAYABLE.** Benefits for the Insured Person's loss of life will be paid in accord with the Beneficiary section. [If the Insured Person is insured under the Family Plan, benefits for a covered Dependent's loss will be paid to the Insured Person.] Any other benefits will be paid to the Insured Person.

### DEFINITIONS.

**"Common Carrier Accident"** means a covered accidental bodily injury, which is sustained while riding as a fare paying passenger (not a pilot, operator or crew member) in or on, boarding or getting off from a Common Carrier.

**"Common Carrier"** means any land, air or water conveyance operated under a license to transport passengers for hire.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of this Policy.



## REHABILITATION REIMBURSEMENT BENEFIT

**BENEFIT.** The Company will pay a Rehabilitation Reimbursement Benefit, if an Insured Person[ or a covered Dependent]:

- (1) suffers a covered loss other than Loss of Life while insured for Accidental Death and Dismemberment Insurance under this Policy; and
- (2) incurs Covered Rehabilitative Expenses as a direct result of such covered loss within two years after the date of the accident.

**AMOUNT.** The benefit will equal:

- (1) the actual Covered Rehabilitative Expense(s) paid by the Insured Person[ or covered Dependent] after the date of the accident;
- (2) up to a maximum of \$10,000 for all Covered Rehabilitative Expenses resulting from the same accident.

This benefit will be paid in addition to all other benefits payable under this Policy.

**TO WHOM PAYABLE.** Benefits will be paid to the Insured Person.

### DEFINITIONS.

**"Covered Rehabilitative Expense(s)"** means an expense:

- (1) charged for Medically Necessary Rehabilitative Training Service performed under the care, supervision, or order of a Physician; and
- (2) not to exceed the usual level of charges for similar treatment, supplies, or services in the locality where the expense incurred.

For any Hospital room and board charge, the expense may not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense incurred.

Covered Rehabilitative Expenses do **not** include:

- (1) any expense incurred or Hospital Confinement required due to a sickness or impairment other than the covered loss; or
- (2) charges otherwise not made if no insurance existed.

**"Hospital"** means a general hospital that:

- (1) is legally operated as such in the jurisdiction where it is located;
- (2) is accredited by The Joint Commission;
- (3) is engaged mainly in providing inpatient medical care to treat injury and sickness;
- (4) has facilities for diagnosis and major surgery on its premises; and
- (5) is supervised by at least one or more Physicians and provides 24-hour nursing service by Registered Nurses.

It does **not** include a place which is:

- (1) specialized in dentistry, mental illness or substance abuse;
- (2) a rest home, home for the aged, convalescent home or nursing home; or
- (3) an extended care or skilled nursing facility.

**"Hospital Confinement"** means being registered as a patient in a Hospital upon a Physician's recommendation. Such confinement must be medically necessary to diagnose or treat a covered loss.

**"Medically Necessary Rehabilitative Training Service"** means any Hospital Confinement, medical services, medical supplies, or medical treatment:

- (1) essential for the occupational, physical, or speech rehabilitation training of the Insured Person [or covered Dependent] due to the injury for which it is prescribed or performed;
- (2) that meets clinically accepted medical practices in the general medical community;
- (3) not experimental or investigational in nature; and
- (4) ordered by a Physician.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations of this Policy.

## **SURGICAL REATTACHMENT BENEFIT**

**BENEFIT.** The Company will pay a Surgical Reattachment Benefit if, while insured for Accidental Death and Dismemberment under this Policy, an Insured Person [or a covered Dependent]:

- (1) sustains an accidental bodily injury that results in the Loss of a Hand or Foot or Loss of Thumb and Index Finger (otherwise payable under this Policy); and
- (2) has the hand, foot or thumb and index finger surgically reattached.

The Surgical Reattachment Benefit equals \$10,000 or 50% of the benefit otherwise payable for the Loss of a Hand or Foot or Thumb and Index Finger, whichever is less.

If an Insured Person [or a covered Dependent] sustains more than one loss resulting in multiple surgical reattachments, the benefit will be paid for each surgical reattachment, but will not exceed the Principal Sum.

If the surgical reattachment fails and results in the Loss of a Hand or Foot or Loss of Thumb and Index Finger within 365 days of the reattachment, the Company will pay the benefit amount payable as defined in the Death or Dismemberment Benefit section of this Policy, less the amount paid under the Surgical Reattachment Benefit.

**TO WHOM PAYABLE.** Benefits will be paid to the Insured Person.

### **DEFINITIONS.**

**"Loss of a Hand or Foot"** means complete severance through or above the wrist or ankle joint. [(In South Carolina, "Loss of Hand" can also mean the loss of four whole fingers from one hand.)]

**"Loss of Thumb and Index Finger"** means severance of the thumb and index finger of the same hand, through or above the joint closest to the wrist. [(In California, it can also mean loss by complete severance of at least one whole phalanx of each.)]

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of this Policy.

## **THIRD-DEGREE BURN BENEFIT**

**BENEFIT.** The Company will pay an additional Third-Degree Burn Benefit if, while insured for Accidental Death and Dismemberment Insurance under this Policy, the Insured Person [or covered Dependent] suffers a Third-Degree Burn [; which occurs while the Insured Person is performing duties as an Employee of the Group Policyholder or any Participating Employer on premises of the Group Policyholder or Participating Employer].

The Third-Degree Burn Benefit equals [\$25,000 or 50% of the Principal Sum, whichever is less, payable in a lump sum.] [The Principal Sum is the amount payable because of the Insured Person's accidental death.]

This benefit will be paid in addition to all other benefits paid under this Policy.

**PROOF.** Upon receipt of satisfactory written proof, the benefit will be paid. Acceptable proof includes [;]  
[(1)] a copy of the Insured Person's [or covered Dependent's] medical report [; and]  
[(2)] the Group Policyholder or Participating Employer's work accident or incident report].

**TO WHOM PAYABLE.** Benefits will be paid to the Insured Person.

### **DEFINITIONS.**

"**Third-Degree Burn,**" also called a full-thickness burn, means a burn diagnosed by a Physician as being third-degree, based on the severity of the tissue damage, that destroys the entire depth of skin, over at least [25%] of the body surface area as determined by a Physician.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of this Policy.

## REPATRIATION BENEFIT

**BENEFIT.** The Company will pay a Repatriation Benefit, if:

- (1) you are insured for Accidental Death and Dismemberment Insurance under the Policy on the date of the Accident;
- (2) you die as a result of a covered Accident at least 150 miles from your principal place of residence; and
- (3) expense is incurred for the preparation and transportation of your body to a mortuary within 30 miles of your place of residence.

This benefit will be in addition to all other benefits payable under the Policy. This benefit will equal the expenses incurred for the preparation and transportation of your body to a mortuary subject to a maximum of \$5,000. This benefit will be paid:

- (1) when the benefit for Accidental loss of life is paid; or
- (2) when the Company receives proof of expense incurred, if later.

**PROOF.** In order for this benefit to be payable, proof of payment for any expenses incurred for Repatriation must be provided to the Company.

**TO WHOM PAYABLE.** Benefits for Repatriation will be paid in accord with the Beneficiary section.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.

## **EXPOSURE BENEFIT**

**BENEFIT.** The Company will pay an Exposure Benefit, if, while insured for Accidental Death and Dismemberment Insurance under the Policy, you [or a covered Dependent]:

- (1) are unavoidably exposed to the elements; and
- (2) as a result of such exposure suffer a loss for which benefits are otherwise payable.

The Benefit amount payable will be as defined in the Death or Dismemberment Benefit section of the Policy.

**TO WHOM PAYABLE.** Benefits for your loss of life will be paid in accord with the Beneficiary section. [Under a Family Plan, benefits for a Dependent's loss of life will be payable to you.] Any other benefits will be paid to you.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.

## **DISAPPEARANCE BENEFIT**

**BENEFIT.** The Company will pay a Disappearance Benefit if, while insured for Accidental Death and Dismemberment Insurance under the Policy, your [or a covered Dependent's] body has not been found within one year of a forced landing, stranding, sinking or wrecking of a conveyance in which you [or a covered Dependent] were an occupant. It shall be deemed, subject to all other terms and provisions of the Policy, that you [or a covered Dependent] have suffered a loss of life.

The Benefit amount payable will be as defined in the Death or Dismemberment Benefit section of the Policy.

**TO WHOM PAYABLE.** Benefits for your loss of life will be paid in accord with the Beneficiary section. [Under a Family Plan, benefits for a Dependent's loss of life will be payable to you.]

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.

## HELMET BENEFIT

**BENEFIT.** If you [or a covered Dependent] [die/dies] as a direct result of an accident, for which a benefit is paid for the accidental loss of life while wearing a Helmet, then an additional benefit will be payable, provided you [or a covered Dependent]:

- (1) were operating, or were a passenger on a Motorcycle (on or off road); or
- (2) were operating a Moped, Scooter, or Non-motorized Bicycle (on or off road).

The Helmet Benefit equals \$25,000 or 50% of the Principal Sum, whichever is less. [The Principal Sum is the amount payable because of your accidental death.]

A copy of the police report must be submitted with the claim. The use of a Helmet must be certified by:

- (1) the official accident report; or
- (2) the coroner, traffic officer or other investigating officer.

**TO WHOM PAYABLE.** Benefits for your loss of life will be paid in accord with the Beneficiary section. [If you are insured under the Family Plan, the Helmet Benefit for a covered Dependent will be paid to you.]

**DEFINITIONS.** "**Helmet**" means a protective head covering made of a hard material to resist impact and which meets or exceeds the standards established in the United States Department of Transportation's Federal Motor Vehicle Safety Standard (FMVSS), or any similar standard required by the state where the accident occurred.

"**Motorcycle**" means a motor-driven vehicle with no more than three wheels and a seat or saddle for the driver. This also includes sidecars. An operator of a Motorcycle must have appropriate licensing to operate the vehicle. It does not include all-terrain vehicles.

"**Moped**" means a motor-driven vehicle with two wheels, and an engine size of not more than 50 cubic centimeters.

"**Non-motorized Bicycle**" means a single-track, human-powered vehicle with no more than three wheels which adheres to the International Organization for Standardization (ISO) 4210 safety requirements.

"**Scooter**" means a motorized vehicle that has a step-through frame, and a platform or integrated footrests.

**EXCLUSIONS.** Benefits will not be payable:

- (1) for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy;
- (2) for any loss sustained while competing in any exhibition; or
- (3) if at the time of the accident, you were operating a Motorcycle, Moped or Scooter without a valid license and the appropriate endorsement as required by state statute.

## COMMON CARRIER ACCIDENT BENEFIT

**BENEFIT.** The Company will increase your [or your covered Dependent's] Death or Dismemberment Benefit to [two times the amount otherwise payable, not to exceed \$1,000,000]; provided you [or your covered Dependent] [suffer/suffers] a covered loss from a Common Carrier Accident while insured for Accidental Death and Dismemberment Insurance under the Policy.

**MAXIMUM PER PERSON.** If you [or your covered Dependent] [sustain/sustains] more than one loss resulting from the same accident, then the benefit [:]

- [(1)] will not exceed two times your [or your covered Dependent's] Principal Sum for all of [your/that person's] covered losses combined [; and]
- [(2)] will not exceed an overall maximum of \$1,000,000].

The loss must result directly from the Common Carrier Accident and from no other causes.

**TO WHOM PAYABLE.** Benefits for your loss of life will be paid in accord with the Beneficiary section. [If you are insured under the Family Plan, benefits for your covered Dependent's loss will be paid to you.] Any other benefits will be paid to you.

### DEFINITIONS.

**"Common Carrier Accident"** means a covered accidental bodily injury, which is sustained while riding as a fare paying passenger (not a pilot, operator or crew member) in or on, boarding or getting off from a Common Carrier.

**"Common Carrier"** means any land, air or water conveyance operated under a license to transport passengers for hire.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.



## REHABILITATION REIMBURSEMENT BENEFIT

**BENEFIT.** The Company will pay a Rehabilitation Reimbursement Benefit, if you[ or a covered Dependent]:

- (1) suffer a covered loss other than Loss of Life while insured for Accidental Death and Dismemberment Insurance under the Policy; and
- (2) incur Covered Rehabilitative Expenses as a direct result of such covered loss within two years after the date of the accident.

**AMOUNT.** The benefit will equal:

- (1) the actual Covered Rehabilitative Expense(s) paid by you[ or a covered Dependent] after the date of the accident;
- (2) up to a maximum of \$10,000 for all Covered Rehabilitative Expenses resulting from the same accident.

This benefit will be paid in addition to all other benefits payable under the Policy.

**TO WHOM PAYABLE.** Benefits will be paid to you.

### DEFINITIONS.

**"Covered Rehabilitative Expenses(s)"** means an expense:

- (1) charged for Medically Necessary Rehabilitative Training Service performed under the care, supervision, or order of a Physician; and
- (2) not to exceed the usual level of charges for similar treatment, supplies, or services in the locality where the expense incurred.

For any Hospital room and board charge, the expense may not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense incurred.

Covered Rehabilitative Expenses do **not** include:

- (1) any expense incurred or Hospital Confinement required due to a sickness or impairment other than the covered loss; or
- (2) charges otherwise not made if no insurance existed.

**"Hospital"** means a general hospital that:

- (1) is legally operated as such in the jurisdiction where it is located;
- (2) is accredited by The Joint Commission;
- (3) is engaged mainly in providing inpatient medical care to treat injury and sickness;
- (4) has facilities for diagnosis and major surgery on its premises; and
- (5) is supervised by at least one or more Physicians and provides 24-hour nursing service by Registered Nurses.

It does **not** include a place which is:

- (1) specialized in dentistry, mental illness or substance abuse;
- (2) a rest home, home for the aged, convalescent home or nursing home; or
- (3) an extended care or skilled nursing facility.

**"Hospital Confinement"** means being registered as a patient in a Hospital upon a Physician's recommendation. Such confinement must be medically necessary to diagnose or treat a covered loss.

**"Medically Necessary Rehabilitative Training Service"** means any Hospital Confinement, medical services, medical supplies, or medical treatment:

- (1) essential for your [or a covered Dependent's] occupational, physical, or speech rehabilitation training due to the injury for which it is prescribed or performed;
- (2) that meets clinically accepted medical practices in the general medical community;
- (3) not experimental or investigational in nature; and
- (4) ordered by a Physician.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations of the Policy.

## **SURGICAL REATTACHMENT BENEFIT**

**BENEFIT.** The Company will pay a Surgical Reattachment Benefit if, while insured for Accidental Death and Dismemberment under the Policy, you [or a covered Dependent]:

- (1) sustain an accidental bodily injury that results in the Loss of a Hand or Foot or Loss of Thumb and Index Finger (otherwise payable under the Policy); and
- (2) have the hand, foot or thumb and index finger surgically reattached.

The Surgical Reattachment Benefit equals \$10,000 or 50% of the benefit otherwise payable for the Loss of a Hand or Foot or Thumb and Index Finger, whichever is less.

If you [or a covered Dependent] sustain more than one loss resulting in multiple surgical reattachments, the benefit will be paid for each surgical reattachment, but will not exceed the Principal Sum.

If the surgical reattachment fails and results in the Loss of a Hand or Foot or Loss of Thumb and Index Finger within 365 days of the reattachment, the Company will pay the benefit amount payable as defined in the Death or Dismemberment Benefit section of the Policy, less the amount paid under the Surgical Reattachment Benefit.

**TO WHOM PAYABLE.** Benefits will be paid to you.

### **DEFINITIONS.**

**"Loss of a Hand or Foot"** means complete severance through or above the wrist or ankle joint. [(In South Carolina, "Loss of Hand" can also mean the loss of four whole fingers from one hand.)]

**"Loss of Thumb and Index Finger"** means severance of the thumb and index finger of the same hand, through or above the joint closest to the wrist. [(In California, it can also mean loss by complete severance of at least one whole phalanx of each.)]

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.

### **THIRD-DEGREE BURN BENEFIT**

**BENEFIT.** The Company will pay an additional Third-Degree Burn Benefit if, while insured for Accidental Death and Dismemberment Insurance under the Policy, you [or a covered Dependent] suffer a Third-Degree Burn [; which occurs while you are performing duties as an Employee of the Employer on premises of the Employer].

The Third-Degree Burn Benefit equals [\$25,000 or 50% of the Principal Sum, whichever is less, payable in a lump sum.] [The Principal Sum is the amount payable because of your accidental death.]

This benefit will be paid in addition to all other benefits paid under the Policy.

**PROOF.** Upon receipt of satisfactory written proof, the benefit will be paid. Acceptable proof includes [;]  
[(1)] a copy of your [or the covered Dependent's] medical report [; and]  
[(2)] the Employer's work accident or incident report].

**TO WHOM PAYABLE.** Benefits will be paid to you.

**DEFINITIONS.**

"**Third-Degree Burn,**" also called a full-thickness burn, means a burn diagnosed by a Physician as being third-degree, based on the severity of the tissue damage, that destroys the entire depth of skin, over at least [25%] of the body surface area as determined by a Physician.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.

<i>SERFF Tracking Number:</i>	<i>JEPT-125940660</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41110</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>Group Voluntary Accidental Death &amp; Dismemberment</i>		
<i>Project Name/Number:</i>	<i>2008 VADD/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: JEPT-125940660 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 41110  
Company Tracking Number:  
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: Group Voluntary Accidental Death & Dismemberment  
Project Name/Number: 2008 VADD/

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice Approved-Closed 12/16/2008  
**Comments:**  
**Attachments:**  
FL120908 VADD Forms Readability.pdf  
FL120908 VADD Forms Variability.pdf  
FL121008 VADD Certificate of Compliance.pdf

**Review Status:**  
**Satisfied -Name:** Application Approved-Closed 12/16/2008  
**Comments:**  
GL2-APP.09/02  
  
Approved October 31, 2002

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

**READABILITY CERTIFICATION**

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

<b><u>FORM NO.</u></b>	<b><u>FLESCH SCORE</u></b>
GL1101-14.3A RP	55.5
GL1101-14.3 EXP 08	54.7
GL1101-14.3 DIS 08	54.9
GL1101-14.15 HLMT 08	49.0
GL1101-14.22 08	57.0
GL1101-14.24 08	51.7
GL1101-14.26 SGR 08	58.0
GL1101-14.28 TDB 08	58.3
GL1102-6.3A RP	51.3
GL1102-6.3 EXP 08	51.2
GL1102-6.3 DIS 08	74.3
GL1102-6.15 HLMT 08	49.3
GL1102-6.22 08	55.2
GL1102-6.24 08	51.7
GL1102-6.26 SGR 08	51.9
GL1102-6.28 TDB 08	57.5



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(An Officer of the Company)  
Michael R. Cochrane, HIA  
Assistant Vice President - Compliance

## STATEMENT OF VARIABILITY

### **ACCIDENTAL DEATH AND DISMEMBERMENT FORMS for use with Group Policy Series GL1101 and Group Certificate Series GL1102**

**GL1101-14.3A RP, GL1101-14.3 DIS 08, GL1101-14.3 EXP 08, GL1101-14.15 HLMT 08,  
GL1101-14.22 08, GL1101-14.24 08, GL1101-14.26 SGR 08, GL1101-14.28 TDB 08**

**GL1102-6.3A RP, GL1102-6.3 DIS 08, GL1102-6.3 EXP 08, GL1102-6.15 HLMT 08, GL1102-6.22 08,  
GL1102-6.24 08, GL1102-6.26 SGR 08, GL1102-6.28 TDB 08**

**Statement of Variable Material:** Variable material is denoted in the forms by underlining or bracketing. The following variability is requested.

**1. Forms GL1101-14.3A RP and GL1102-6.3A RP**

*Policy form GL1101-14.3A RP and Certificate form GL1102-6.3A RP* include the Repatriation Benefit provision. The underlined "at least 150 miles" may range from 100 to 500 miles. The underlined "30 miles" may range from 30 to 150 miles. The underlined maximum amount may range from \$1,000 to \$25,000.

**2. Forms GL1101-14.3 DIS 08 and GL1102-6.3 DIS 08**

*Policy form GL1101-14.3 DIS 08 and Certificate form GL1102-6.3 DIS 08* provide benefits in the event of disappearance. This can be available to the Insured Person or the Dependent of the Insured Person. For this reason, we do request that the bracketed text be removed if coverage for a Dependent is not to be provided. The "one year" may be adjusted based on policyholder request.

**3. Forms GL1101-14.3 EXP 08 and GL1102-6.3 EXP 08**

*Policy form GL1101-14.3 EXP 08 and Certificate form GL1102-6.3A EXP 08* provide benefits in the event of exposure. This can be available to the Insured Person or the Dependent of the Insured Person. For this reason, we do request that the bracketed text be removed if coverage for a Dependent is not to be provided.

**4. Forms GL1101-14.15 HLMT 08 and GL1102-6.15 HLMT 08**

*Policy form GL1101-14.15 HLMT 08 and Certificate form GL1102-6.15 HLMT 08* provide benefits if the death is a direct result of an accident while wearing a Helmet. This can be available to the Insured Person or the Dependent of the Insured Person. For this reason, we do request that the bracketed text be removed if coverage for a Dependent is not to be provided. We request a range of \$1,000 to the Principal Sum or a percentage of 1% to 100% of the Principal Sum; or, another amount if requested by the Group Policyholder.

**5. Forms GL1101-14.22 08 and GL1102-6.22 08**

*Policy form GL1101-14.22 08 and Certificate form GL1102-6.22 08* contain benefits for a Common Carrier Accident. This can be available to the Insured Person or the Dependent of the Insured Person. For this reason, we do request that the bracketed text be removed if coverage for a Dependent is not to be provided. We request the benefit amount to be variable. The amount may range from \$5,000 to the Principal Sum; one times or two times the Principal Sum; or can range from 5% to 200% of the insured's Principal Sum.

**6. Forms GL1101-14.24 08 and GL1102-6.24 08**

*Policy form GL1101-14.24 08 and Certificate form GL1102-6.24 08* provide a Rehabilitation Reimbursement Benefit if the insured incurs covered rehabilitative expenses as a result of an injury sustained in a covered accident. This can be available to the Insured Person or the Dependent of the Insured Person. For this reason, we do request that the bracketed text be removed if coverage for a Dependent is not to be provided. We request the underlined period in which to incur expenses may range from 1 to 3 years and the maximum benefit amount may range from \$5,000 to \$25,000. The term "Joint Commission" is variable to accommodate any future name changes.

**7. Forms GL1101-14.26 SGR 08 and GL1102-6.26 SGR 08**

*Policy form GL1101-14.26 SGR 08 and Certificate form GL1102-6.26 SGR 08* provide benefits when a Loss of a Hand or a Foot or a Loss of a Thumb and Index Finger is followed by a surgical reattachment. This can be available to the Insured Person or the Dependent of the Insured Person. For this reason, we do request that the bracketed text be removed if coverage for a Dependent is not to be provided. We request a range of \$1,000 to \$10,000 or a percentage of 1% to 100% of the benefit otherwise payable for the Loss of the Hand or Foot or a Loss of a Thumb and Index Finger; or another amount if requested by the Group Policyholder.

**8. Forms GL1101-14.28 TDB 08 and GL1102-6.28 TDB 08**

*Policy form GL1101-14.28 TDB 08 and Certificate form GL1102-6.28 TDB 08* provide a benefit if the insured suffers a Third-Degree Burn. This can be available to the Insured Person or the Dependent of the Insured Person. For this reason, we do request that the bracketed text be removed if coverage for a Dependent is not to be provided. In the Benefit section, the bracketed language will be included if the Third-Degree Burn must occur while the Insured Person is performing duties as an Employee of the Group Policyholder or any Participating Employer on any premises of, the Group Policyholder or Participating Employer. In the second paragraph, the bracketed benefit amounts may range from 1 to 50% of the Principal Sum or \$1,000 to \$25,000. The bracketed 25% in the Definition of Third-Degree Burn can range from 1 to 25%.



# **Certificate of Compliance with Arkansas Rule and Regulation 19**

***Insurer:*** The Lincoln National Life Insurance Company

***Filing Reference:*** 2008 VADD

***Form Number(s):*** GL1101-14.3A RP, GL1101-14.3 DIS 08, GL1101-14.3 EXP 08, GL1101-14.15 HLMT 08, GL1101-14.22 08, GL1101-14.24 08, GL1101-14.26 SGR 08, GL1101-14.28 TDB 08, GL1102-6.3A RP, GL1102-6.3 DIS 08, GL1102-6.3 EXP 08, GL1102-6.15 HLMT 08, GL1102-6.22 08, GL1102-6.24 08, GL1102-6.26 SGR 08, GL1102-6.28 TDB 08

I hereby certify that the filing and forms listed above meet all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Michael R. Cochrane

Name

Assistant Vice President, Compliance

Title

December 10, 2008

Date